

OFFICEUSE:

- ☐ Birth Certificate
☐ Medical Shot Record
☐ Auto Insurance Form
☐ Parent Agreement

Starting Date: _____

CITY OF ROCKLIN PRESCHOOL
DEPARTMENT OF COMMUNITY SERVICES
2006/2007 PRESCHOOL REGISTRATION/RELEASE FORM
Indicate choice #1, #2, #3, #4 in age appropriate boxes only

**BIRTHDATE:**

06-03-03 to 12-02-03
 12-03-02 to 06-02-03
 06-03-02 to 12-02-02
 12-03-01 to 06-02-02

BIRTHDATE:

06-03-03 to 12-02-03
 12-03-02 to 06-02-03
 06-03-02 to 12-02-02
 12-03-01 to 06-02-02

Preschool I - 3rd Street

- ☐ Three School
☐ Kids School
☐ Kinderschool
☐ Prep School

Preschool III - Rock Creek

- ☐ Voyager Class
☐ Explorer Class
☐ Discovery Class
☐ Odyssey Class

Preschool II - 5th Street

- ☐ Alphabet Class
☐ Readiness Class
☐ Enrichment Class
☐ Pre K Class

Preschool IV - Ruhkala

- ☐ Safari Class
☐ Frontier Class
☐ Pioneer Class
☐ Journey Class

CLASS DAYS/TIMES

(T&Th 8:30 - 11:30 am)
 (T&Th 12:00 - 3:00 pm)
 (MWF 8:30 - 11:30 am)
 (MWF 12:00 - 3:00 pm)

CLASS DAYS/TIMES

(T&Th 8:30 - 11:30 am)
 (T&Th 12:00 - 3:00 pm)
 (MWF 8:30 - 11:30 am)
 (MWF 12:00 - 3:00 pm)

CHILD'S NAME: _____ BIRTHDATE: _____ GENDER: _____ F M

NAME CHILD GOES BY: _____ PRIMARY LANGUAGE: _____

ADDRESS: _____
 (NUMBER) (STREET) (CITY) (STATE & ZIP)

HOME#: _____ CELL #: _____ WORK#: _____

MOTHER'S/GUARDIAN'S NAME: _____ OCCUPATION: _____

FATHER'S/GUARDIAN'S NAME: _____ CELL#: _____

ADDRESS (if different from above): _____

OCCUPATION: _____ WORK# _____

SIBLING(S) NAME(S): _____ AGE(S): _____

I give my permission to include my name, address & phone number in the directory: yes ☐ no ☐

EMERGENCY INFORMATION

EMERGENCY NAME & PHONE (other than above): _____

Names of person, other than parents, authorized to take above-named child from the facility. Pictured driver's license identification required for pickup. **NO OVER-THE-PHONE AUTHORIZATION WILL BE ACCEPTED.**

NAMEPHONERELATIONSHIP

1. _____

2. _____

3. _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY (NAME & PHONE): _____

Medical Insurance: _____ Ins. ID No.: _____ Medi-Cal Insurance No.: _____

Does your child have any physical or medical limitations? (Please describe): _____

Does your child have any allergies? (include foods, medicines, insect bites): _____

Foods I do not want my child served: _____

(This is a two sided form)

RELEASE & INDEMNITY

In consideration for being permitted by the City of Rocklin to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the city as a result of my or my child's participation in the activity. This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city.

I HAVE CAREFULLY READ THE ABOVE RELEASE & INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY AND I SIGN IT OF MY OWN FREE WILL.

CITY OF ROCKLIN COMMUNITY SERVICES STAFF RESERVES THE RIGHT TO PHOTOGRAPH AND/OR VIDEO TAPE PARTICIPANTS IN CITY FACILITIES AND ACTIVITIES. ALL PHOTOS AND/OR VIDEO TAPES WILL REMAIN THE PROPERTY OF THE CITY OF ROCKLIN AND MAY BE USED FOR PUBLICITY AND PROMOTIONAL PURPOSES.

Signature of Parent: _____ Date: _____

(Please print your name here): _____

If waiver is not signed, participant will not be registered and form will be returned.

I understand that the \$75.00 registration fee is non-refundable. _____ (initials)

☐ I have provided copies of my child's immunization form to the City of Rocklin Preschool records attached.

OR

☐ I hereby request **exemption** of the child, named on the front, from the Immunization requirements for preschool entry because all or some immunizations are **contrary to my beliefs**. I understand that in case of an outbreak of any one of these diseases, my child may be temporarily excluded from attending for his/her protection. _____

Parent Signature

Office Use: Amount: _____	Receipt No.: _____	Check No.: _____	Date: _____	By: _____
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The City of Rocklin requests that we ask you to provide the following information in order to comply with federal government record keeping requirements. This information is confidential and voluntary and will be used for research and evaluation purposes only. Your cooperation in providing this information is greatly appreciated.

GENDER OF PRESCHOOL PARTICIPANT

Date: _____ Male _____ Female _____

ETHNIC ORIGIN OF PRESCHOOL PARTICIPANT

- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.
- ☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Hispanic origin:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- ☐ **Not of Hispanic origin**
- ☐ **Other:** _____

Parent Agreement/Fall

My child _____ is registered as a participant in the City of Rocklin Preschool program.

I hereby agree to:

- 1. Abide by the rules and regulations of the City of Rocklin Preschool program as outlined in the Parent Handbook.**
- 2. Present a picture driver's license identification is required for pickup. Your child will not be released to anyone not on your release form. Over-the-phone and faxed authorization of release of a child to persons not listed on the release form will not be accepted.**
- 3. The understanding that children must be potty-trained to enter preschool; however, accidents do occasionally happen. A two to four week probationary period will be used to assess the child's readiness and ability to adapt to the preschool environment. If at any time a child causes harm to other children or staff and/or disrupts the preschool learning environment, they may be removed from the preschool.**
- 4. Provide a two-week, written notice of withdrawal from the program and pay any fees and/or balances owed due to withdrawal from the program.**
- 5. Pay tuition by the first of each month of scheduled attendance. I am aware that I will be charged a \$25.00 late fee if my tuition is not received by 4:30 pm on the 10th of the month, except for the combined August/September payment which is due prior to the first day of school. I am aware that a participant may be removed from the program for non-payment of tuition and on the 21st of the month my child may be dropped from the program and that a new \$75.00 registration fee in addition to any account balance will be required to be paid in full before my child is readmitted to the program. I am also aware that my child's position may be filled if a lapse occurs between the drop and re-registration date.**
- 6. The understanding that the parent who signs the Preschool Registration Form is solely responsible for paying my child's tuition on time. I also understand that the City of Rocklin will accept one check as payment for the entire amount of tuition due.**
- 7. The understanding that there are no interclass transfers after October 1, 2006.**
- 8. Sign my child in and out of the program site each day.**
- 9. Pay a \$5.00 charge per 5 minutes, or portion thereof, if tardiness should occur when picking up my child.**
- 10. Bring the required amount of snacks for the year.**
- 11. The understanding that as my child's legal guardian, I am the only one who can take my child on City of Rocklin Preschool off-site field trips. I understand that I will drive on and attend all off-site field trips.**

(this is a two-sided form)

12. The understanding that I will be asked to volunteer, if I am at Preschool Site I and II, for three hours during the pre-event decorating or on the day of the event for the “Breakfast with Santa” fundraiser in December. The understanding that I will be asked to volunteer, if I am at Preschool Site III and IV, for three hours during the pre-event decorating or on the day of the event for the “Trick-or-Treat Faire” fundraiser in October.
13. The understanding that City of Rocklin Preschool will be in session on Monday-Wednesday, November 20-22, 2006 of the Thanksgiving week, closing only on Thursday and Friday, November 23-24, 2006. I will be charged tuition according to my child’s class schedule even if I choose to keep my child home that week.

Parent/Guardian Signature _____ Date _____

This Parent Agreement must be signed and returned with your registration paperwork.